SUCKTO COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Washburn, WI 54891 (715) 373-6138 Bayfield County
Planning and Zoning Depart.
PO Box 58

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) ろう TINE

3

	No. of Concession,	sure.	
Refund:	Amount Paid:	Date:	Permit #:
	\$78 54-7	S10-17	17-0128

Authorized Agent: Helen Address of Property Contr PROJECT LOCATION 8395 North Share Section 1/4, Hlobutcher GHyde Legal Description: (Use Tax Statement) Is Property/Land within 300 feet of River, Dive ک چ N, Range Contractor Phone:
715-292-4403
Agent Phone: Tax ID# (4-5 digits) ₹ Stream 90B0x214 1 / 275 Tron Plumber: MIS Agent Mailing Address (include City/State/Zip): Distance Structure **Siver** Ironkiver, wit. 54847 1534G Block(s) No. is from SPECIAL USE Shoreline: Recorded Deed (i.e. □ B.O.A. Written Authorization
Attached
□ Yes □ No
assigned by Register of Deeds) 715-292-1104 Plumber Phone: Cell Phone: Acreage A. 460

	Creek or Landward side of Floodplain?		If yescontinue		feet	Floodolain Zone?	Present?
Shoreland —	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	ו 1000 feet of Lake, Pon If ye	Pond or Flowage	Distance Stru	Distance Structure is from Shoreline : feet	□ Yes	□ Yes
☐ Non-Shoreland	3					3	
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Üse	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	e of y System operty?	Water
	■ New Construction	浏 1-Story	☐ Seasonal	□ 1	Municipal/City		.⊠City
ጉ	Addition/Alteration	☐ 1-Story + Loft	X Year Round	Z 2	्रिपेट्रे (New) Sanitary Specify Type: 🔀	fy Type: Sep析く	- ₩ Well
2000 2000 2000 2000 2000 2000 2000 200	☐ Conversion	□ 2-Story		₹3	☐ Sanitary (Exists) Specify Type:	ify Type:	
	□ Relocate (existing bldg)	□ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	lted (min 200 gallon)	
	🗌 Run a Business on	□ No Basement		□ None	☐ Portable (w/service contract)	ntract)	
	Property	☐ Foundation			□ Compost Toilet		
					□ None		
Existing Structure	Existing Structure: (if permit being applied for is relevant to it)	r is relevant to it)	Length:		Width.	Height:	*

Proposed Construction: しりゅんしいついろく

	X)	_	Other: (explain)		
wild die ist de wild de volge ferreits Address will bedate Ferreits Address will be de state from the ferreits and the ferrei	×	_	Conditional Use: (explain)		
	×	_	Special Use: (explain)	<u></u>	
	×		Accessory Building Addition/Alteration (specify)		-
	×	_	Accessory Building (specify)		wunicipal use
	×	_	Addition/Alteration (specify)		
22	O × [み)	_	Mobile Home (manufactured date)		
	×	_	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)		
	×	^	with Attached Garage		☐ Commercial Use
	×	_	with (2 nd) Deck		
	×	_	with a Deck		
	×	_	with (2 nd) Porch		
***************************************	×	_	with a Porch		Residential Use
	×	_	with Loft		
	×	^	Residence (i.e. cabin, hunting shack, etc.)		
	×	_	Principal Structure (first structure on property)		
Square Footage	Dimensions		Proposed Structure	•	Proposed Use

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES lication (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) e detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which is country relying on this information I (we) am (are) providing in or with this application. I (we) consent to country officials charged with administering country ordinances to have access to the tany reasonable time for the purpose of inspection.

(If there are Multiple Own	Owner(s):
)wners listed on the D	end
he Deed 🗚 Owners	Chic
Owners must sign or letter(s) of authorization must accompany this application)	Q.

Authorized Agent:

(If you are 8 Box on behalf of the owner(s) a letter of auth 214 200 hiver, we 54847

Address to send permit

Date Ŋ

City, Village, State or Federal May Also Be Required

completed or if any prohibitory conditions are violated.

SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	0128		Issued	d To: H	elen 8	Donald Hy	de				A DOWNER.		
Locatio	n: -	1/4	of -	1/4	Section	8	Township	47	N.	Range	8	W.	Town of	Iron River
Gov't Lot			Lot	9	ВІ	ock	Su	bdivisio	on				CSM# '	19
or: Res Disclair	identia ner): A	I Add	l ition / /	Alterat	ion: [1- developme	Story; nt would	3 Season P d require addition	orch nal per	(10' x mitting	(12') = 1	20 s	q. ft.		
Conditi	on(s):													
												Je	nnifer Mu	ırphy
NOTE:	-	-	res one ye e has not l		date of issu	ance if t	he authorized co	nstructi	on		,	Author	ized Issuing	Official
	Changes This perr	in plan	s or spec	ifications or revoked	shall not be	e made ne appli	without obtaining	g approv n is four	ral. nd					
	to have b	een mi	srepreser	nted, erro	neous, or ir	ncomple					<u> </u>	M	ay 10, 201	17
	. The poin				o, po								Date	

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX Washburn, WI 54891 (715) 373-6138 Planning and Zoning Depart. PO Box 58 **Bayfield County**

APPLICATION FOR PERMIT

MAY 08 2017

Date Stamp (Received)

MARKE) Permit #: Date: Amount Paid: 60 0 1500 C マラン クーター

Bayfield Co. Zoning Dept

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Municipal Use Steps, to publ. \mathcal{A}^{\otimes} horeland Existing Structure: (if pe Proposed Construction: donated time & material 10370 ☐ Non-Shoreland K K of Campletian Authorized Agent: (Person Signing Application on behalf of Owner(s)) Owner's Name Value at Time Address of Property: TYPE OF PERMIT REQUESTED—▶ ☐ LAND USE SC 1/4, Rec'd for Issuance PROJECT LOCATION Jason I (we) declare that this application (incluance) as September 1997 including the feet and a second result of Bayfred County references Residential Use 955 \tilde{l} 1 Commercial Use Proposed Use * include Section to public +12 42 o o 34 , Township 2017 38 0 ☐ Addition/Alteration New Construction ☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermit Creek or Landward side of Floodplain? If yes---continue <u>C</u> (if permit being applied for is relevant to it) Xis Property/Land within 1000 feet of Lake, Pond or Flowage
If yes---continue Legal Description: Property Conversion Run a Business Relocate (existing bldg) in bead 1/4 Project 14 Bunkhouse w/ (□ sanitary, or □ slewing length should be sanitary). See Mobile Home (manufactured date) __Addition/Alteration (specify) Other: (explain) Special Use: (explain) Principal Structure (first structure on property)
Residence (i.e. cabin, hunting shack, etc.) FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES ny accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) you all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the new formation I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the Conditional Use: (explain) Accessory Building Addition/Alteration (specify) Accessory Building Campoon 옄 (Use Tax Statement) Gov't Lot _ N, Range # of Stories and/or basement ☐ 1-Story + Loft with a Porch with (2nd) Porch with Attached Garage with Loft with (2nd) Deck with a Deck Basement No Basement 2-Story Foundation 1-Story Lot(s) Œ SANITARY 11 > 6 3 City/State/Zip: Lon Riv 7153756114 ٤ Tax ID# (4-5 digits) Agent Phone: Mailing Address SM **Proposed Structure** Length: Length: sleeping quarters, Year Round Seasonal 5-77 PRIVY Town of: Vol & Page Use 1001 mittent) Plumber: Rior 2 CONDITIONAL USE 임 Steps in Shareline fee Distance Structure is from Shoreline: \Box bedrooms □ cooking & food prep facilities) |w| 2 None Lot(s) No. ♀ # Wahbar 21842 City/State/Zip: Width: Width: Sanitary (Exists) Specify Type:

Privy (Pit) or Uaulted (min

Portable (w/service contract) Block(s) No. None (New) Sanitary Municipal/City Compost Toilet What Type of Sewer/Sanitary System is on the property? SPECIAL USE Recorded Deed (i.e. Subdivision: feet feet Specify Type: _____ 15825 **Dimensions** Is Property in Floodplain Zone?

Yes

No × B.O.A × × × × Height: Height: 7 # assigned by Register Cell Phone: 200 gallon) Attached

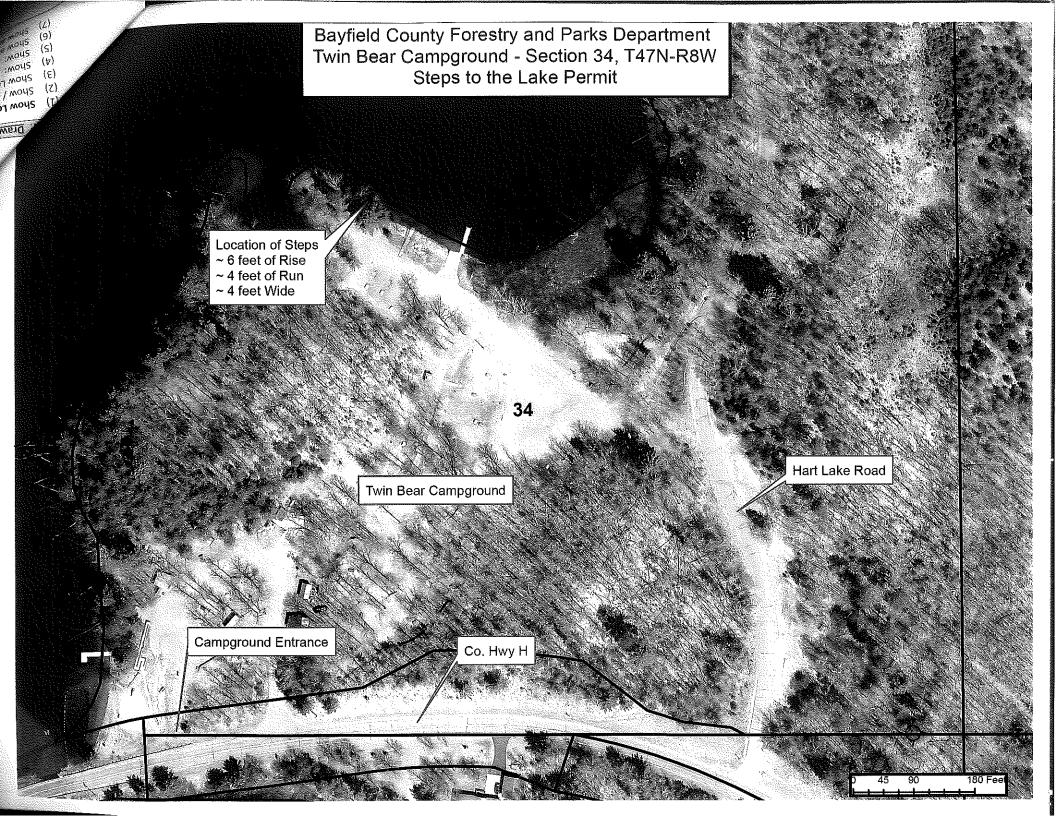
| Yes 7.5000 50 Plumber Phone: Telephone: 7/5 3/3 6 11 4 Written Authorization OTHER Are Wetlands
Present?
□ Yes
☑No S Square Footage Water ₩ell City 1

Owner(s): (If there are Multiple Address to send permit Authorized Agent: £ ₹ are ig on behalf of the owner(s) a letter of authorization must 0000 County)wners must sign 13875 or letter(s) of authorization must accompany this application) STA ST. Copy of Tax Statement

If you recently purchased the property send your Recorded Deed Date Date

~dys.

Date of Approval:				Signature of inspector:
Date of Re-Inspection:	(If No they need to be attached.) LLCLO LO LA BLOT.	d? □Yes □No−()f	r Board Conditions Attached? No reference of the conditions of the conditions attached?	own, Committee o
ning District (R-)				Inspection Record:
Yes	₹ S [ated Yes ONo	Was Parcel Legally Proposed Building Site De
Affidavit Required Pes PNo Affidavit Attached Pes PNo ##:	Mitigation Required Yes No Aff Mitigation Attached Yes No Aff Previously Granted by Variance (B.O.A.) Case #:	है है	Yes (Deed of Record) Yes (Fused/Contiguous Lot(s)) The Case #:	a Sub-Standard Lot ommon Ownership re Non-Conforming áriance (B.O.A.)
	<i>'</i>	Permit Date: 5-12		1 - 1 -
Sanitary Date:	# of bedrooms:	Sanitary Number: Reason for Denial:	ty Use Only)	Issuance Information (County Use Only) Permit Denied (Date):
k (HT), Privy (P), and Well (W). not begun. orm Dwelling Code.	itake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	Stake or Mark Proposed Location(s) of New Construction, S NOTICE: All Land Use Permits Expire One (1) Year from the Construction Of New One & Two Family Dwelling: ALL N The local Town, Village, City, State or Fe	Proposed Location E: All Land Use Permit action Of New One & The local To	(9) Stake or Mark NOTICE For The Constru
s setback must be measured must be visible from the proposed site of the structure, or must be	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setbone previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the previously surveyed at the owner's expense.	rty (30) feet from separtment by use	a licensed surveyor at the ow cture more than ten (10) feet voiously surveyed corner, or v xpense.	er previously surveyed corner or marked by or to the placement or construction of a stru a previously surveyed corner to the other prevised by a licensed surveyor at the owner's expreed by a licensed surveyor at the owner's expressed.
is visible from one neutralistic surreved norms	Setback to Well	Feet Feet Feet Feet	3 Tank String) Osting) Grure within ten (10) feet of t	Setback to Septic Fank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum real
∐Yes	20% Slope Area on property Elevation of Floodplain	I WE		Setback from the West Lot Line Setback from the East Lot Line
	Setback from Wetland	٦	٠٠٠	Setback from the North Lot Line Setback from the South Lot Line
er mark) Steps to luke	Setback from the Lake (ordinary high-water Setback from the River, Stream, Creek Setback from the Bank or Bluff	Feet		Setback from the Established Right-of-Way
		Measurement		Description
Changes in plans must be approved by the Planning & Zoning Dep	Changes in plans must be app		Setbacks: (measured to the closest point)	(8) Setbacks: (mea
		69	we (prior to continuin	Please complete (1) – (7) above (prior to continuing)
		John J.	attached	X
	%	(*) Wetlands; or (*) Slopes over 20%	(*) Wetla	
/or (*)	North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond	on Plot Plan vay and (*) Frontage Roac vay and (*) Frontage Roac g Structures on your Prop M); (*) Septic Tank (ST); (*) N) River; (*) Stream/Creel		(2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*):



Also Be Required

SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

ocation:	-	1/4	of		1/4	Section	34	Township	47	N.	Range	8	W.	Town of	Iron River
Sov't Lot	5		Lo	ot		Blo	ck	Su	bdivisio	on				CSM#	

Condition(s): Use best management practices for erosion and sedimentation control

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 12, 2017

Date